

I hereby certify that on 10 January 2005, that the following was deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, this postcard acknowledges receipt of the following:

1. Transmittal Form,

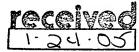
2. Part B- Fee(s) Transmittal (in duplicate);

3. Response to Request for Formal Drawings;

4. Formal Drawing - Sheet 1 of 1 Figs. 1 & 2; and

5. Self-addressed itemized postcard to be returned upon receipt.

File VAC.561.US







COOR I I SHA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JOHNSON, Royce

Serial No.: 09/544,399

Filed: April 6, 2000

Title: VACUUM ASSISTED CLOSURE PAD

WITH ADAPTATION FOR

PHOTOTHERAPY

A Art Unit: 3761

Examiner: BOGART, Michael G.

Attorney Docket No.: VAC.561.US

RESPONSE TO REQUEST FOR FORMAL DRAWINGS

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attn: Official Draftperson

Dear Sir:

In response to the Notice of Allowability dated December 3, 2004 for the above referenced application, in which New Formal Drawings were required, according to the Notice of Draftsperson's Patent Drawing Review dated December 17, 2003, applicant hereby submits one (1) sheet (Figures 1 & 2) of Corrected Formal Drawings in compliance with the Draftsperson's requirements.

Accordingly, the Applicant respectfully requests that the above referenced application proceed to issue and publication.

The Draftsperson or Examiner is requested to contact the undersigned for any reason that would advance the application to issue and publication.

Respectfully submitted,

Robert W. Mason Attorney for Applicant

Registration No. 42,848

TEL: (210) 255-6271 FAX: (210) 255-6969

Date of Deposit: 10 January 2005

Dated: 10 January 2005

Certificate of Mailing

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Typed Name: Robert W. Mason

Registration No.: 42,848



AUTHORIZATION TO PAY AND PETITION FOR THE ACCEPTANCE OF ANY NECESSARY FEES

If any charges or fees must be paid in connection with the foregoing communication (including but not limited to the payment of an extension fee or issue fees), or if any overpayment is to be refunded in connection with the above-identified application, any such charges or fee, or any such overpayment may be respectively paid out of, or into, the Deposit Account No. 500326 of Kinetic Concepts, Inc. If any such payment also requires a Petition or Extension Request, please construe this authorization to pay as the necessary Petition or request which is required to accompany the payment.

Dated: 10 January 2005

Respectfully submitted,

KINETIC CONCEPTS, INC.

By

Robert W. Mason Attorney for Applicant Registration No. 42,848

KINETIC CONCEPTS, INC. P.O. Box 659508 San Antonio, TX 78265-9508

Telephone: 210-255-4543 Facsimile: 210-255-4440

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Typed Name: Robert W. Mason

Registration No.: 42,848

Date of Deposit: 10 January 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRADEMAR	Application Number	lection of information unless it displays a valid OMB control number 09/544,399
TRANSMITTAL	Filing Date	04/06/2000
FORM	First Named Inventor	Johnson, Royce
	Art Unit	3761
(to be used for all correspondence after initial filing)	Examiner Name	Bogart, Michael G.
Total Number of Pages in This Submission	Attorney Docket Number	VAC.561.US

ENCLOSURES (Check all that apply)											
x	Fee Transmittal Form Fee Attached			Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences				
X	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD				Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):			
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Request for Continued Examination Transmittal Request for Continued Examination Amendment and Remarks Copy of Response, Formal Drawings, and Postcard submitted 01/10/2005								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name Kinetic Concepts, Inc.											
Signat	Signature Halpot In . Nauton										
Printed name Robert W. Mason											
Date 04/07/05		Reg. No.			42,848						
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signat	Signature Robert W. Moson										
Typed or printed name Robert W. Mason Date 04/07/05						04/07/05					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
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Fees pursuant to the Cor	ffective on 12/08/2004. solidated Appropriation	s Act. 2005 (H.R. 4818).	Complete if Known							
	DANCI	IITTAL	Application Num							
APR 1 2005	or FY 200		Filing Date							
	First Named Inve		ON, Royce							
Applicant Caims s	mall entity status. S	ee 37 CFR 1.27	Examiner Name	BOGAR'	RT, Michael G.					
RADEMA			Art Unit 3761							
TOTAL AMOUNT OF	PAYMENT (\$)		Attorney Docket	No. VAC.561	VAC.561.US					
METHOD OF PAYM	METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 500326 Deposit Account Name: Kinetic Concepts, Inc.										
· ·		ount, the Director is he	· .							
✓ Charge fe	ee(s) indicated below	,	Charge	e fee(s) indicated	below, exce	pt for the filing fee				
Credit any overpayments										
WARNING: Information o		ne public. Credit card in	_			ide credit card				
information and authoriza										
FEE CALCULATION	<u> </u>									
1. BASIC FILING, S	EARCH, AND EXA FILING FEE		OCU EEE	EVANINATIO	NEEEE					
_	<u>Sma</u>	II Entity	RCH FEES Small Entity		Entity					
Application Type		ee (\$) <u>Fee (</u> \$			e (\$)	Fees Paid (\$)				
Utility		50 500	250	200 10						
Design		00 100	50		55					
Plant		00 300	150		30					
Reissue		50 500	250	600 30	00					
Provisional	_	00 0	0	0	0					
2. EXCESS CLAIM Fee Description	FEES			<u> </u>	<u>S</u> Fee (\$)	mall Entity Fee (\$)				
	20 (including Reis	sues)			50	25				
	claim over 3 (inc	luding Reissues)			200	100				
Multiple dependent claims										
Total Claims - 20 or H	Extra Claims	<u>Fee (\$) </u>	e Paid (\$)	_	ruitiple Depe Fee (\$)	Fee Paid (\$)				
HP = highest number o	total claims paid for, if	greater than 20.		:						
Indep. Claims	Extra Claims	<u>Fee (\$) </u>	e Paid (\$)							
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
<u>Intal Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereor</u> <u>Fee Faid (5)</u>										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE (\$790.00) IDS (\$180.00) 970.00										
	0 6715									
SUBMITTED BY	701 -1 -1 00	I	Registration No.	0.040	Telenhone	210 255 6271				
Signature		iso	(Attorney/Agent) 4	2,848						
Name (Print/Type) Robe	rt W. Mason				Date 04/07	/2005				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.